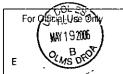
U.S. Department of Labor Office of La w-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - Non Tablet 13090	2. Fiscal Year Covered From:		
	$\boxed{01}/\boxed{01}/\boxed{2005}$ Through: $\boxed{12}/\boxed{31}/\boxed{2005}$		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name LEONARD L SEBRESOS	Name ASBESTOS WORKERS AFL-CIO LU 132		
	Labor Organization File Number 054642		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 206		
Street 91-1661 HALOLANI STREET	Street 707 ALAKEA STREET		
City EWA	City HONOLULU		
State HI ZIP Code ± 4 96706-1812	State [HI ZIP Code + 4 96813-4818		
5. Position in labor organization. Business Manager, Finance	ial Secretary Treas.		
Enter appropriate data below If, during the past fiscal year, you or your spo	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions);		
AHeld an interest in, engaged in transactions (including loans) with, or monetary-value from an employer whose employees your organization.	ion represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Sig	nature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompand undersigned's knowledge and belief, true, correct, and complete. (See the second complete)	nying documents), has been examined by the signatory and is, to the best of the		
Signed Housed Schrenoz	On 05/12/06 808-521-6405 Date Telephone Number		
Farm LM 20 (2002)			

Name of Person Filing LEONARD L. SEBRESOS		File Number Unon-	issued	
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the busines rely seeking to represent, or irectly to, or otherwise	s		
8. Name and address of Business (including trade name, if any). Name American Plan Administrators, Inc.	9. Business deals with: a. Labor Organization			
P.O. Box, Bldg., Room No., if any 625	X: b. Trust			
Street 677 ALA Moana Blvd.	c. Employer			
State HI ZIP Code + 4 96813-5419				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name ACRESTOS LIOPPERS TOTAT TRUST FUNDS	Chairman for the Trust Funds			
WORPO TOO MONING TO THE FORM OF THE FORM O	Coordinator for the Training Fund			
Trade Name, if any: Insulators	officer and the second			
P.O. Box, Bldg., Room No., if any 625	de financia de la composición del composición de la composición de		<u> </u>	
Street 677 ALA MOANA BLVD.	11.b. Approximate dollar va	alue of such dealing.	\$21,048.77	
City Honolulu	12.a. Nature of interest he	eld or income received.	alanda departurante anamento sua antico e de antico e construir e e e e e e e e e e e e e e e e e e e	
State HI ZIP Code + 4 96813-5419	Training Fees Meeting expens total amount	se & Education	al Conference	
	12.b. Amount.			
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	y or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name	Col.			
Trade Name, if any:		-	•	
P.O. Box, Bldg., Room No., if any				
Street			,	
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of paymen	nt.		